
Transportation (For Categorically Needy and Medically Needy)

- A. The Department for Medicaid Services assures that medically necessary transportation of recipients to and from providers of service will be provided. The methods that will be used are as follows:
1. Any appropriate means of transportation which can be secured without charge through volunteer organizations, public services such as fire department and public ambulances, or relatives will be used.
 2. If transportation is not available without charge, payment will be made for the least expensive means of transportation suitable to the recipient, whenever determined to be medically necessary through preauthorization, postauthorization, or through the patient's meeting certain specified criteria relating to destination, point of departure, and condition.
 3. When transportation is required on a predictable basis, an amount to cover the transportation is allowed as a spenddown by the medically needy.
 4. When medical transportation is required, a preauthorization system at the local level is used for nonemergency transportation.
 5. Payments for locally authorized medical transportation shall be made directly to participating providers by the Medicaid Program.
 6. All Medicaid participating medical transportation providers, including private automobile carriers, shall have a signed participation agreement with the Department for Medicaid Services prior to furnishing the medical transportation service.
 7. Locally authorized medical transportation shall be provided on an exceptional postauthorization basis for nonemergency, medically necessary transportation under the following conditions: the client can justify the need for medical transportation arose and was provided; was provided outside the normal working hours; payments for the transportation has not been made; client was traveling to or from a medical service covered under the state plan, except for pharmaceutical services; and service was determined medically necessary by the state agency.

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- B. Ambulance service shall be reimbursable only when it is the least expensive and most appropriate for the recipient's medical needs and the following criteria shall be met.
1. Emergency ambulance services to the nearest appropriate medical facility are provided without preauthorization when the emergency treatment is specified and rendered.
 2. Nonemergency ambulance services to a hospital, clinic, physician's office, or other health facility to secure medically necessary Medicaid covered services for a "stretcher bound" Medicaid recipient. "Stretcher bound" denotes the inability to get up from bed without assistance, the inability to ambulate, and the inability to sit in a chair or wheelchair.
 3. Any determination of medical necessity of transportation, and provision of preauthorization and postauthorization, is made by the Department for Medicaid Services or by the Department's authorized representative. Transportation only within the medical service area is approved unless preauthorized by the agency (or postauthorized in certain instances), unless previously designated criteria for transportation not requiring authorization are met.